STATE OF MAINE

BOARD OF HEARING AID DEALERS AND FITTERS

APPLICATION FOR LICENSURE

- Hearing Aid Dealer & Fitter
- Hearing Aid Dealer & Fitter By Reciprocity

Department of Professional and Financial Regulation
Office of Licensing and Registration
35 State House Station
Augusta, ME 04333-0035

Office Telephone: (207) 624-8626
Office Facsimile: (207) 624-8637
TTY/HEARING IMPAIRED (888) 577-6690
Email: jennifer.l.mooney@maine.gov

Office located at: 122 Northern Avenue, Gardiner, Maine

Revised: 01/2006

Application Guide for Hearing Aid Dealer and Fitter License

Please read all the information carefully. If you have any questions, you can contact the Board of Hearing Aid Dealers and Fitters office at (207) 624-8626 or email jennifer.l.mooney@maine.gov

THERE ARE 3 PATHWAYS FOR LICENSURE AS A HEARING AID DEALER & FITTER

PATHWAY I - HEARING AID DEALER AND FITTER APPLICATION VIA TRAINEE PERMIT

The following must be submitted with a license application:

- ☐ A completed application for licensure;
- ☐ Fees: All Checks/Money Orders should be made payable to the "Treasurer, State of Maine". If paying using a credit card please use the Credit Card form at the end of the application. All Fees can be in one payment;
    - **$325.00** License Fee
    - **$50.00** Application Fee
    - **$15.00** Criminal History Check Fee
- ☐ Submit completed and signed Verification of Trainee Practicum Form (A trainee permit is required pursuant to §1658-J, whereby the trainee must receive a minimum of 750 hours of training the practice of fitting and dealing in hearing aids under the direct supervision of a licensee during a period of not fewer than 6 nor more than 12 months – See "Trainee Permit Application"; and
- ☐ Proof of passage of the NIHIS Uniform Practical Examination and proof of passage of the International Institute for Hearing Instruments Studies International Licensing Examination (ILE).

PATHWAY II - HEARING AID DEALER AND FITTER APPLICATION VIA MAINE LICENSED AUDIOLOGIST

The following must be submitted with a license application:

- ☐ A completed application with a recent photograph attached;
- ☐ Fees: All Checks/Money Orders should be made payable to the "Treasurer, State of Maine". If paying using a credit card please use the Credit Card form at the end of the application. All Fees can be in one payment;
    - **$325.00** License Fee
    - **$50.00** Application Fee
    - **$15.00** Criminal History Check Fee
- ☐ Proof of age. The Board will accept a copy of the applicant's birth certificate, a copy of state driver's license, or other state identification card providing the applicant's date of birth and bearing a photograph;
- ☐ Proof of Maine Audiologist License – must be active and in good standing;
- ☐ Two (2) written business reference letters indicating the applicant's business attitude and ethics. Most recent employers are preferred; and
- ☐ Two (2) written character references not related to the applicant.

PATHWAY III - HEARING AID DEALER AND FITTER VIA RECIPROCITY

The following must be submitted with a license application:

- ☐ A completed application with a recent photograph attached;
- ☐ Fees: All Checks/Money Orders should be made payable to the "Treasurer, State of Maine". If paying using a credit card please use the Credit Card form at the end of the application. All Fees can be in one payment;
    - **$325.00** License Fee
    - **$50.00** Application Fee
    - **$15.00** Criminal History Check Fee
- ☐ Proof of age. The Board will accept a copy of the applicant's birth certificate, a copy of state driver's license, or other state identification card providing the applicant's date of birth and bearing a photograph;
- ☐ Two (2) business reference letters indicating the applicant's business attitude and ethics. Most recent employers are preferred;
- ☐ Two (2) character references not related to the applicant;
- ☐ Copy of out-of-state license;
- ☐ Copy of out-of-state licensing statutes and rules;
- ☐ Completed Verification of Licensure Form (enclosed); and
- ☐ Verification of 8 clock hours of continuing education credits for courses which pertain to the fitting and dealing of hearing aids offered by an institution approved by the Board for the licensure period immediately preceding the application.

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JOHN ELIAS BALDACCI
GOVERNOR

ANNE L. HEAD
DIRECTOR

Office Use Only		
License # _____		
Cash # _____		
Check # _____		
4100	1421	$325 DL
4100	1446	$50
4100	2619	$15

APPLICATION FOR LICENSURE

Notice regarding Social Security Number Disclosure

The following statement is made pursuant to the Privacy Act of 1974 section 7 (B). Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 MRSA section 175 as authorized by the Tax Reform Act of 1976 (42 USC section-405 (C) (2) (1)). Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your social security number and it shall be treated as confidential tax information pursuant to 36 MRSA section 191.

Notice regarding Public Information

This application is a public record for purposes of Maine's Freedom of Access Law, 1 MRSA §401, et seq. Public records must be made available to any person upon request. Information that you supply as part of this application (except your Social Security number) is public information. Other licensing records to which this information may later be transferred are also considered public records. Where permitted by law, your name, license number, mailing address and other information listed on this application may be posted on the State's website.

PLEASE CHECK ONE OF THE FOLLOWING:

❒ Hearing Aid Dealer & Fitter License (DL) ❒ Licensure by Reciprocity

To Be Completed by the Applicant
Please Read Application Guide Prior to Completing this Application.

Name			
Any other Names Used			
Mailing Address			
City	State	Zip Code	
County	Home Telephone	Work Telephone	
Social Security #	Date of Birth		

EDUCATION

List the names of all institutions attended, the beginning and graduation dates at each institution, and degree(s) awarded (if applicable).

NAME OF SCHOOL	DATES ATTENDED	DATES GRADUATED	DEGREE AWARDED

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Have you ever been licensed in another state or territory? ❒ Yes ❒ No

   State: _____ License # _____

   Date Issued: _____ Expiration Date: _____

2. Has your application for examination or licensure been denied by any state governing the practice of hearing aid dealers and fitters? ❒ Yes ❒ No
   If yes, please attach an explanation.

3. Has your license ever been suspended or revoked by any state? ❒ Yes ❒ No
   If yes, please attach an explanation.

CRIMINAL HISTORY RECORDS CHECK PROCEDURE

Pursuant to 5 M.R.S.A. §5301-5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Licensing and Registration requires a criminal history records check as part of the application process for all applicants.

4. Have you ever been or convicted of, or plead guilty to a crime? ❒ Yes ❒ No
   If yes, please list date(s) and crime(s), and submit a copy of the court judgment(s).

By my signature, I affirm that all information provided in connection with this application is true to the best of my knowledge and belief, with the understanding that any omissions, inaccuracies, or failure to make full disclosure may be deemed sufficient reason to suspend or recommend revocation of a license issued by the Department. I further authorize all law enforcement agencies and officials thereto to release to the Department any and all criminal history record information pertaining to myself.

_____ _____

Signature of Applicant **Date**

VERIFICATION OF LICENSURE

INSTRUCTIONS: The applicant listed below is applying for licensure to practice as a Hearing Aid Dealer and Fitter in the State of Maine. The Maine Board of Hearing Aid Dealers and Fitters requests written verification from each state the applicant holds or has held any certification, licensure, or other credential. This is your authority to release any information in your files, favorable or otherwise. Please mail this verification directly to the Maine Board of Hearing Aid Dealers and Fitters.

1. This section to be completed by the applicant and forwarded to the Board that issued current licensure. Any associated fees are the responsibility of the applicant.

Name of Applicant			
Mailing Address	City	State	Zip Code
License Number	State	Date of Issue	
Date	Signature of Applicant		

2. This section to be completed by the state licensing board where applicant holds or has held licensure.

Type of License Held by Applicant _____

License # _____ Original License Date: _____

Is applicant currently licensed? ❑ Yes ❑ No If not currently licensed, when did license expire? _____

Is the applicant in good standing in your state? ❑ Yes ❑ No If no, please explain:

_____

_____

LICENSED BY: ❑ ENDORSEMENT/RECIPROCITY ❑ EXAMINATION

SIGNED: _____

PRINTED NAME & TITLE: _____

STATE: _____ PHONE # ( ) _____

Board Seal DATE: _____

NOTE: If verification of licensure is needed for more than one state, please copy form as needed.

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BOARD APPROVED INSTITUTIONS FOR PROVIDING CONTINUING EDUCATION CREDITS

Applicants for license renewal must obtain eight (8) clock hours of continuing education. Continuing education requirements can be found in the Chapter 3 of the board's rules at the following website:

ftp://ftp.state.me.us/pub/sos/cec/rcn/apa/02/164/164c003.doc

These continuing education credits must be for courses which pertain to the fitting and dealing of hearing aids offered by an institution approved by the Board. Listed below are Board approved institutions:

- ☑ American Speech-Language Hearing Association (ASHA)
- ☑ Maine Board of Hearing Aid Dealers and Fitters
- ☑ Maine Board of Examiner on Speech Pathology and Audiology
- ☑ Maine Speech-Language Hearing Association (MSLHA)
- ☑ College or University courses whose subject pertains to the fitting of hearing aids
- ☑ National Institute for Hearing Instruments Studies (NIHIS)
- ☑ American Medical Association (AMA)
- ☑ American Academy of Audiology

Courses offered by manufacturers will come under the discretion of the Board. Courses offered by institutions not appearing on this list must have prior approval from the Board. Requests for course approval should be mailed to the Board at the above listed address.

Licensees are no longer required to submit documentation of continuing education hours prior to licensure renewal. Rather, licensees are asked the question on the renewal form as to whether or not they have completed the continuing education requirements as outlined in the board's rules. Licensees will be required to submit verification and documentation of continuing education activities in the event that a licensee is randomly selected for purposes of conducting an audit.

However, the Board at its discretion may waive the continuing education requirements for any licensee who was issued a license up to four (4) months prior to license renewal. Such a request must be made in writing.

License renewal applications will be mailed to licensees at the beginning of November annually.

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AUTHORIZATION OF CREDIT CARD PAYMENT

Fees owed to this Department may be paid by the use of a credit card. If you wish to pay your fee(s) with your credit card, please complete this form and send it with your application. Payment through credit cards will not be processed without this authorization form.

Name: **(applicant fees being paid for)**		
***Mailing Address*:** **(applicant fees being paid for)**		
City:	***State:***	***Zip Code:***
County:	***Telephone #: (_____)_____-_____***	

Name of cardholder: **(if other than applicant)**		
***Mailing Address*:** **(if other than applicant)**		
City:	***State:***	***Zip Code:***

I authorize the State of Maine, Department of Professional and Financial Regulation, Office of Licensing and Registration to charge my:

☐ **Visa** ☐ **MasterCard**_____
Card number

Expiration date: _____/_____/_____ in the amount of: $_____

Signature: _____Date: _____/_____/_____

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ACCOMMODATION REQUEST FORM

The information requested below and any documentation regarding your disability and your need for accommodation in testing will be considered strictly confidential and will note be shared with any outside source without your express written permission.

Name: _____

Address: _____

Telephone #: _____ Social Security Number: _____

Accommodations Requested for the _____ Examination.

Disability _____

Please check all that apply

- ❑ **Accessible Testing Site**
- ❑ **Separate Testing Site**
- ❑ **Braille**
- ❑ **Large Print**
- ❑ **Tape**
- ❑ **Reader as Accommodation for Visual Impairment**
- ❑ **Scribe/Amanuensis as Accommodation for Visual or Motor Impairment**
- ❑ **Reader as Accommodation for Learning Disability**
- ❑ **Scribe/Amanuensis as Accommodation for Learning**
- ❑ **Sign Language Interpreter**
- ❑ **Extended Time**
  - ❑ **Time-and-a-half**
  - ❑ **Double time**
  - ❑ **More than double time (specify)** _____
- ❑ **Use of Computer or Other Adaptive Equipment (specify)** _____
- ❑ **Other:** _____

Signed and Dated: _____

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DOCUMENTATION OF DISABILITY RELATED NEEDS

If you have a learning disability, a psychological disability, or other hidden disability that requires an accommodation in testing, please have this section completed by an appropriate professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation.

If you have existing documentation of having the same or similar accommodation provided to you in another test situation, you may submit such documentation instead of having this portion of the form completed.

I have known _____ since _____ in my capacity as a
(Test applicant) **(Date)**

_____
(Professional title)

The applicant has discussed with me the nature of the test to be administrated. It is my opinion that because of this applicant's disability, he/she should be accommodated by providing the following: (check all types)

- ❑ **Taped test**
- ❑ **Large print test**
- ❑ **Reader**
- ❑ **Scribe/amanuensis**
- ❑ **Extended time**
  - ❑ **Time-and-a-half**
  - ❑ **Double time**
  - ❑ **More that double time (please justify)** _____
- ❑ **Separate Testing Area**
- ❑ **Use of Computer or Other Adaptive Equipment (please specify)** _____
- ❑ **Other (please specify)** _____

_____

Signed: _____ **Title:** _____

Date: _____ **License # (if applicable):**_____

SAMPLE HEARING AID PURCHASE AGREEMENT

ABC HEARING AID CENTER
123 MAIN STREET
ANYTOWN, MAINE 00000
207-123-4567

LICENSEE:_____
STATE LICENSE #:_____

DATE:_____
NAME:_____
ADDRESS:_____
_____
TELEPHONE:_____

AMOUNT FINANCED:_____
MONTHLY PAYMENTS:_____
DATE PAYMENT DUE:_____
TOTAL # OF PAYMENTS:_____

SELLING PRICE:_____
DISCOUNTS/TRADE-INS:_____

TOTAL DUE:_____
DEPOSIT:_____
BALANCE DUE:_____

MANUFACTURER:_____
MODEL:_____
SERIAL #(R)_____(L)_____
DELIVERY DATE:_____

Warranty: your (new, used, reconditioned) hearing aid is fully guaranteed by [Insert Business/Licensee Name and Address] against defects in material and workmanship for a period of ____ year(s) from date of delivery, during which period services and repairs will be made at no cost. The warranty does not cover cords, earmolds, tubing, or batteries and becomes void if an attempt to repair is made by other than those authorized by the company. If the instrument has been misused, damaged, or tampered with, a charge will be made. Postage and insurance is not covered.

Notice to purchaser: if not fully satisfied, the buyer has the right to cancel this sale within a thirty (30) day trial period from the delivery date upon the return of hearing aid(s) and devices with a full refund less the price of ear mold(s) ____ and lab fees ____. However, the purchaser has the right to cancel this transaction within sixty (60) days of the purchase if the purchaser consults an audiologist or licensed physician who in writing specifies that the hearing aid is not advisable and the medical reason why.

If you wish to register a complaint regarding this purchase, please contact: State of Maine, Department of Professional and Financial Regulation, Board of Hearing Aid Dealers and Fitters, 35 State House Station, Augusta, ME 04333-0035, telephone: (207)624-8660, or website: www.maineprofessionalreg.org

Terms of service: the notice shall state the complete terms of service, including cost of service, what services are available, by whom and for how long such service will be provided, including house or office calls, when applicable, and the terms of after care fitting.

Any examination or examinations or representation or representations made by a licensed hearing aid dealer and fitter in connection with the fitting and selling of such hearing aid or aids is not an examination, diagnosis, or prescription by a person licensed to practice medicine in this state and therefore must not be regarded as medical opinion or advice.

(PURCHASER'S SIGNATURE)_____DATE:_____

(LICENSEE'S SIGNATURE)_____DATE:_____